

Fill in this information to identify your case:

Debtor 1 **Paul Mark Trippe**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **16-02063**
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
 Value of what you own

1. **Schedule A/B: Property** (Official Form 106A/B)

1a. Copy line 55, Total real estate, from Schedule A/B..... \$ **0.00**

1b. Copy line 62, Total personal property, from Schedule A/B..... \$ **32,895.00**

1c. Copy line 63, Total of all property on Schedule A/B..... \$ **32,895.00**

Part 2: Summarize Your Liabilities

Your liabilities
 Amount you owe

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 106D)

2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of Schedule D... \$ **1,548,400.00**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... \$ **0.00**

3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... \$ **182,301.00**

Your total liabilities \$ **1,730,701.00**

Part 3: Summarize Your Income and Expenses

4. **Schedule I: Your Income** (Official Form 106I)
 Copy your combined monthly income from line 12 of Schedule I..... \$ **2,634.00**

5. **Schedule J: Your Expenses** (Official Form 106J)
 Copy your monthly expenses from line 22c of Schedule J..... \$ **3,748.00**

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. **What kind of debt do you have?**

☐ Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☒ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 Paul Mark Trippe

Case number (if known) 16-02063

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$

9. Copy the following special categories of claims from Part 4, line 6 of **Schedule E/F**:

	Total claim
From Part 4 on Schedule E/F , copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1 **Paul Mark Trippe**
 First Name Middle Name Last Name
 Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**
 Case number **16-02063**

☐ Check if this is an amended filing

Official Form 106A/B
 Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☒ No. Go to Part 2.
☐ Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1 Make: **Dodge**
 Model: **Ram**
 Year: **2014**
 Approximate mileage: **65000**
 Other information:
VIN 3C6UR5CJ8EG117182

Who has an interest in the property? Check one

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?	Current value of the portion you own?
\$29,500.00	\$29,500.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories
 Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$29,500.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

Household goods and furnishings

\$1,250.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

32" TV

\$75.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe.....

AK 45 Assault Rifle

\$375.00

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Everyday clothing

\$275.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☒ No

☐ Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$1,975.00

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash

\$20.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

17.1. **Checking**

Greer State Bank

\$1,400.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☒ No

☐ Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

☒ No

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

☐ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No

☐ Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☒ No

☐ Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

☐ No

☒ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Debtor has already received his tax refunds for 2015. Unknown as to 2016.

Federal and State Tax Refunds

Unknown

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☒ No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information..

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$1,420.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		\$0.00
56. Part 2: Total vehicles, line 5	\$29,500.00	
57. Part 3: Total personal and household items, line 15	\$1,975.00	
58. Part 4: Total financial assets, line 36	\$1,420.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
62. Total personal property. Add lines 56 through 61...	\$32,895.00	Copy personal property total \$32,895.00
63. Total of all property on Schedule A/B. Add line 55 + line 62		\$32,895.00

Fill in this information to identify your case:

Debtor 1 **Paul Mark Trippe**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **16-02063**
 (if known)

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
2014 Dodge Ram 65000 miles VIN 3C6UR5CJ8EG117182 Line from <i>Schedule A/B</i> : 3.1	\$29,500.00	<input checked="" type="checkbox"/> \$5,825.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(2)
AK 45 Assault Rifle Line from <i>Schedule A/B</i> : 10.1	\$375.00	<input checked="" type="checkbox"/> \$375.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(7)
Cash and Liquid Assets Line from <i>Schedule A/B</i> :	\$1,420.00	<input checked="" type="checkbox"/> \$3,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(5)
Household goods, furnishings and clothing Line from <i>Schedule A/B</i> :	\$1,600.00	<input checked="" type="checkbox"/> \$4,650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	S.C. Code Ann. § 15-41-30(A)(3)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
- ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
- ☐ No
- ☐ Yes

Debtor 1 Paul Mark Trippe

Case number (if known) 16-02063

Fill in this information to identify your case:

Debtor 1 **Paul Mark Trippe**
 First Name Middle Name Last Name
 Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name
 United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**
 Case number **16-02063**
 (if known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any
\$28,891.00	\$29,500.00	\$0.00

2.1 Chrysler Capital

Creditor's Name

**PO Box 961275
Fort Worth, TX 76161**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

**2014 Dodge Ram 65000 miles
VIN 3C6UR5CJ8EG117182**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit

☒ Other (including a right to offset) **Purchase Money Security**

Who owes the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **2/1/2014**

Last 4 digits of account number **XXXX**

2.2 Companion Property and Casualty

Creditor's Name

**c/o Parker Poe Adams et al
PO Box 1509
Columbia, SC 29201**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

Judgment

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☒ Judgment lien from a lawsuit
☐ Other (including a right to offset)

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim relates to a community debt

Date debt was incurred **10/15/2015**

Last 4 digits of account number

Debtor 1 **Paul Mark Trippe**

First Name

Middle Name

Last Name

Case number (if known)

16-02063

2.3 Republic Business Credit

Creditor's Name

**c/o Nexsen Pruet, LLC
PO Drawer 2426
Columbia, SC 29202**

Number, Street, City, State & Zip Code

Describe the property that secures the claim:

\$924,081.00

\$0.00

\$924,081.00

Judgment

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)

☐ Statutory lien (such as tax lien, mechanic's lien)

☒ Judgment lien from a lawsuit

☐ Other (including a right to offset)

Who owes the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred **4/7/2015**

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,548,400.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$1,548,400.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.



Name, Number, Street, City, State & Zip Code

**Republic Business Credit
201 Saint Charles Ave St
New Orleans, LA 70170**

On which line in Part 1 did you enter the creditor? **2.3**

Last 4 digits of account number

Fill in this information to identify your case:

Debtor 1 **Paul Mark Trippe**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **16-02063**
 (if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	Greenville County Tax Collector Priority Creditor's Name 301 University Ridge Suite 700 Greenville, SC 29601 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	When was the debt incurred?				
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			

FOR NOTICE PURPOSES ONLY

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

2.2	Internal Revenue Service Priority Creditor's Name Centralized Insolvency Operation PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number \$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ FOR NOTICE PURPOSES ONLY		

2.3	SC Dept of Rev. & Tax Priority Creditor's Name PO Box 12265 Columbia, SC 29211 Number Street City State Zip Code	Last 4 digits of account number \$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ For Notice Only		

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.1

Advance Tape Markings

Nonpriority Creditor's Name
**24288 Network Place
Chicago, IL 60673**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.2

American Express

Nonpriority Creditor's Name
**PO Box 981537
El Paso, TX 79998**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

xxxx

\$2,500.00

When was the debt incurred?

1/28/2011

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charged off account**

4.3

American Express

Nonpriority Creditor's Name
**PO Box 981537
El Paso, TX 79998**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

xxxx

\$27,320.00

When was the debt incurred?

12/12/2011

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charged off account**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.4

American Towing & Recovery

Nonpriority Creditor's Name

**25 Fox Road
Lyman, SC 29365**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.5

Amerigas

Nonpriority Creditor's Name

**PO Box 660288
Dallas, TX 75266**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.6

Andy Oxy

Nonpriority Creditor's Name

**PO Box 6389
Asheville, NC 28816**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.7

AT&T Univseral

Nonpriority Creditor's Name

PO Box 5014

Carol Stream, IL 60197

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.8

Atlas COPC Const.

Nonpriority Creditor's Name

PO Box 200948

Pittsburgh, PA 15251

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.9

BANNISTER, WYATT & KAPPEL, LLC

Nonpriority Creditor's Name

PO BOX 10007

Greenville, SC 29603

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.1
0

Batson Accounting and Tax

Nonpriority Creditor's Name

**20 Washington Park
Greenville, SC 29601**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.1
1

BC Cannon

Nonpriority Creditor's Name

**2501 Rutherford Road
Greenville, SC 29609**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.1
2

Christopher Trucks

Nonpriority Creditor's Name

**1601 Whitehorse Road
Greenville, SC 29611**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.1
3

Clarkson Walsh Terrell & Coulter

Nonpriority Creditor's Name

**1164 Woodruff Oaks Lane
Greenville, SC 29607**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.1
4

Echols Oil

Nonpriority Creditor's Name

**756 Poinsett Hwy
Greenville, SC 29609**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.1
5

Eller Diesel Truck & Trailer

Nonpriority Creditor's Name

**1020 Peeler Road
Salisbury, NC 28147**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.1
6

Ennis Flint/Paint/Traffic Safety

Nonpriority Creditor's Name

115 Todd Court

Thomasville, NC 27360

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.1
7

Estate of James A. Trippe III

Nonpriority Creditor's Name

102 Memorial Drive

Greer, SC 29650

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.1
8

Estill Gas Company

Nonpriority Creditor's Name

416 Railroad Ave SE

Estill, SC 29918

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.1
9

First Citizens Bank and Trust

Nonpriority Creditor's Name

**1314 Park Street
Columbia, SC 29201**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **XXXX**

\$6,073.00

When was the debt incurred? **1/30/2013**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Deficiency regarding repossessed vehicle**

4.2
0

FIRST FEDERAL OF CHARLESTON

Nonpriority Creditor's Name

**2440 MALL DRIVE, SUITE 100
Charleston, SC 29406**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **XXXX**

\$25,299.00

When was the debt incurred? **4/15/2005**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charged off account**

4.2
1

Haynes Locksmith Shop

Nonpriority Creditor's Name

**365 Paige Drive
Salisbury, NC 28147**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.2
2

Independence National Bank

Nonpriority Creditor's Name

c/o Dana M. Lahey

PO Box 164

Greenville, SC 29602

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

Unknown

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Pending Lawsuit**

4.2
3

James Trippe IV

Nonpriority Creditor's Name

16051 Whidden Road

Sarasota, FL 34240

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.2
4

James Trippe Jr.

Nonpriority Creditor's Name

7 Terrain Drive

Greenville, SC 29605

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.2
5

John K. Fort

Last 4 digits of account number

\$20,000.00

Nonpriority Creditor's Name

**c/o Roe Cassidy Coates & Price
PO Box 10529
Greenville, SC 29603**

When was the debt incurred?

December 2015

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Adversarial Complaint**

4.2
6

Kennison Dudley & Crawford

Last 4 digits of account number

\$0.00

Nonpriority Creditor's Name

**704 E. McBee Avenue
Greenville, SC 29601**

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.2
7

Labor Finders

Last 4 digits of account number

\$0.00

Nonpriority Creditor's Name

**4040 Chesapeake Drive
Charlotte, NC 28216**

When was the debt incurred?

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.2
8

Linder Industrial Machinery Co

Nonpriority Creditor's Name

**525 State Road S-42-653
Greer, SC 29651**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.2
9

Michael Coulter, Esq.

Nonpriority Creditor's Name

**PO Box 6728
Greenville, SC 29606**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.3
0

Morris Business Solutions

Nonpriority Creditor's Name

**15 Possum Trot
Asheville, NC 28806**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.3
1

Ozark

Nonpriority Creditor's Name

848 Sprott Drive

Montgomery, AL 36117

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.3
2

Patterson & Associates

Nonpriority Creditor's Name

1088 N. Church Street

Greenville, SC 29601

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.3
3

Penske

Nonpriority Creditor's Name

1116 White Horse Road Ext

Greenville, SC 29605

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.3
4

Pitney Bowes

Nonpriority Creditor's Name

**1 Elmcroft Road
Stamford, CT 06926**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.3
5

Precept Staffing

Nonpriority Creditor's Name

**328 Hillcrest Square
Laurens, SC 29360**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.3
6

Research Derivitaves

Nonpriority Creditor's Name

**5045 College Oak Drive
Sacramento, CA 95841**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.3
7

SC Dept. of Employment & Workforce

Nonpriority Creditor's Name

P.O. Box 7103

Columbia, SC 29202

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.3
8

Suburban Propane

Nonpriority Creditor's Name

317 Chapin Road

Chapin, SC 29036

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.3
9

Sunbelt Rentals

Nonpriority Creditor's Name

2612 Old Highway 14

Greer, SC 29650

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.4
0

TD Bank

Last 4 digits of account number **XXXX**

\$99,001.00

Nonpriority Creditor's Name

PO Box 219

Lewiston, ME 04243

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **2/9/2012**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charged off account**

4.4
1

TD Bank

Last 4 digits of account number **4127**

\$2,108.00

Nonpriority Creditor's Name

32 Chestnut Street

Lewiston, ME 04240

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred? **7/19/2012**

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Charged off account**

4.4
2

Thomas Gasco

Last 4 digits of account number

\$0.00

Nonpriority Creditor's Name

2772 Armentrout Drive

Concord, NC 28025

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know)

16-02063

4.4
3

Uline

Nonpriority Creditor's Name
**12575 Uline Drive
Pleasant Prairie, WI 53158**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.4
4

Utica Leaseco, LLC

Nonpriority Creditor's Name

**Attn: David K. Levy
44225 Utica Road
Utica, MI 48317**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.4
5

WCI of SC

Nonpriority Creditor's Name

**1010 Rodger Bridge Road
Duncan, SC 29334**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Debtor 1 **Paul Mark Trippe**

Case number (if know) **16-02063**

4.4
6

Weissker Manufacturing

Nonpriority Creditor's Name

**2271 Tucker Exchange
Palestine, TX 75801**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.4
7

Wells Fargo

Nonpriority Creditor's Name

**C/O Bky Dept
1 Home Campus
Des Moines, IA 50328**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

XXXX

\$0.00

When was the debt incurred?

1/28/2003

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

4.4
8

Wells Fargo

Nonpriority Creditor's Name

**1200 West 7th Street, Ste L2-200
Los Angeles, CA 90017**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☐ Debtor 1 and Debtor 2 only

☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Notice purposes only**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Paul Mark Trippe**

Case number (if know) **16-02063**

Name and Address
John K. Fort
Chapter 7 Trustee
195 North Fairview Avenue
Spartanburg, SC 29302

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
SCBT
PO Box 1287
Orangeburg, SC 29116

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim	
Total claims from Part 1	6a. Domestic support obligations	6a. \$	<u>0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. \$	<u>0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$	<u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$	<u>0.00</u>
	6e. Total Priority. Add lines 6a through 6d.	6e. \$	<u>0.00</u>
		Total Claim	
Total claims from Part 2	6f. Student loans	6f. \$	<u>0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$	<u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$	<u>0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$	<u>182,301.00</u>
	6j. Total Nonpriority. Add lines 6f through 6i.	6j. \$	<u>182,301.00</u>

Fill in this information to identify your case:

Debtor 1	Paul Mark Trippe		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF SOUTH CAROLINA		
Case number (if known)	16-02063		

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.2	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.3	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.4	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	
2.5	<div>Name</div> <div>Number Street</div> <div>City State ZIP Code</div>	

Fill in this information to identify your case:

Debtor 1 **Paul Mark Trippe**
First Name Middle Name Last Name

Debtor 2
(Spouse if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **16-02063**
(if known)

☐ Check if this is an amended filing

Official Form 106H
Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☒ Schedule D, line 2.2
☐ Schedule E/F, line _____
☐ Schedule G _____
Companion Property and Casualty

3.2 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.22
☐ Schedule G _____
Independence National Bank

3.3 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.1
☐ Schedule G _____
Advance Tape Markings

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.4 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.4**
☐ Schedule G _____
American Towing & Recovery

3.5 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.5**
☐ Schedule G _____
Amerigas

3.6 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.6**
☐ Schedule G _____
Andy Oxy

3.7 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.7**
☐ Schedule G _____
AT&T Univseral

3.8 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.8**
☐ Schedule G _____
Atlas COPC Const.

3.9 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.9**
☐ Schedule G _____
BANNISTER, WYATT & KAPPEL, LLC

3.10 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.10**
☐ Schedule G _____
Batson Accounting and Tax

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.11 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.11**
☐ Schedule G _____
BC Cannon

3.12 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.12**
☐ Schedule G _____
Christopher Trucks

3.13 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.13**
☐ Schedule G _____
Clarkson Walsh Terrell & Coulter

3.14 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.14**
☐ Schedule G _____
Echols Oil

3.15 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.15**
☐ Schedule G _____
Eller Diesel Truck & Trailer

3.16 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.16**
☐ Schedule G _____
Ennis Flint/Paint/Traffic Safety

3.17 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.17**
☐ Schedule G _____
Estate of James A. Trippe III

Debtor 1 Paul Mark Trippe

Case number (if known) 16-02063

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.18 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.18
☐ Schedule G _____
Estill Gas Company

3.19 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.21
☐ Schedule G _____
Haynes Locksmith Shop

3.20 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.23
☐ Schedule G _____
James Trippe IV

3.21 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.24
☐ Schedule G _____
James Trippe Jr.

3.22 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.25
☐ Schedule G _____
John K. Fort

3.23 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.26
☐ Schedule G _____
Kennison Dudley & Crawford

3.24 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.27
☐ Schedule G _____
Labor Finders

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.25 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.28
☐ Schedule G _____
Linder Industrial Machinery Co

3.26 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.29
☐ Schedule G _____
Michael Coulter, Esq.

3.27 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.30
☐ Schedule G _____
Morris Business Solutions

3.28 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.31
☐ Schedule G _____
Ozark

3.29 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.32
☐ Schedule G _____
Patterson & Associates

3.30 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.33
☐ Schedule G _____
Penske

3.31 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.34
☐ Schedule G _____
Pitney Bowes

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.32 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.35
☐ Schedule G _____
Precept Staffing

3.33 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.36
☐ Schedule G _____
Research Derivitaves

3.34 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.37
☐ Schedule G _____
SC Dept. of Employment & Workforce

3.35 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.38
☐ Schedule G _____
Suburban Propane

3.36 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.39
☐ Schedule G _____
Sunbelt Rentals

3.37 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.42
☐ Schedule G _____
Thomas Gasco

3.38 JAT, Inc.
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line 4.43
☐ Schedule G _____
Uline

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.39 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.44**
☐ Schedule G _____
Utica Leaseco, LLC

3.40 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.45**
☐ Schedule G _____
WCI of SC

3.41 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.46**
☐ Schedule G _____
Weissker Manufacturing

3.42 **JAT, Inc.**
5135 Locust Hill Road
Travelers Rest, SC 29690

☐ Schedule D, line _____
☒ Schedule E/F, line **4.48**
☐ Schedule G _____
Wells Fargo

Fill in this information to identify your case:

Debtor 1 Paul Mark Trippe

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 16-02063
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
- ☐ Not employed

Pipe Supervisor

RCS Grading

PO Box 549
Reidville, SC 29375

Debtor 2 or non-filing spouse

- ☐ Employed
- ☐ Not employed

How long employed there? 2 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>3,771.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>3,771.00</u>	\$ <u>N/A</u>

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 3,771.00	\$ N/A
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 943.00	\$ N/A
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N/A
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N/A
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N/A
5e. Insurance	5e. \$ 194.00	\$ N/A
5f. Domestic support obligations	5f. \$ 0.00	\$ N/A
5g. Union dues	5g. \$ 0.00	\$ N/A
5h. Other deductions. Specify:	5h. + \$ 0.00	+ \$ N/A
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,137.00	\$ N/A
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,634.00	\$ N/A
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ N/A
8b. Interest and dividends	8b. \$ 0.00	\$ N/A
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ N/A
8d. Unemployment compensation	8d. \$ 0.00	\$ N/A
8e. Social Security	8e. \$ 0.00	\$ N/A
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ N/A
8g. Pension or retirement income	8g. \$ 0.00	\$ N/A
8h. Other monthly income. Specify:	8h. + \$ 0.00	+ \$ N/A
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ N/A
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,634.00 + \$ N/A	= \$ 2,634.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$	0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$	2,634.00
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: Debtor's income fluctuates throughout the year. Gross figure is an average of 2015 to present.		

Fill in this information to identify your case:

Debtor 1 Paul Mark Trippe

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF SOUTH CAROLINA

Case number 16-02063
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY _____

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 600.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 45.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

6. Utilities:

6a. Electricity, heat, natural gas	6a. \$	230.00
6b. Water, sewer, garbage collection	6b. \$	25.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	0.00
6d. Other. Specify: Cell phones	6d. \$	50.00

Cable TV

Security system

7. Food and housekeeping supplies	7. \$	495.00
8. Childcare and children's education costs	8. \$	0.00
9. Clothing, laundry, and dry cleaning	9. \$	50.00
10. Personal care products and services	10. \$	45.00
11. Medical and dental expenses	11. \$	120.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	375.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00
14. Charitable contributions and religious donations	14. \$	0.00

15. Insurance.

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$	0.00
15b. Health insurance	15b. \$	0.00
15c. Vehicle insurance	15c. \$	125.00
15d. Other insurance. Specify:	15d. \$	0.00

16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: **Vehicle property taxes**

16. \$	55.00
--------	-------

17. Installment or lease payments:

17a. Car payments for Vehicle 1	17a. \$	698.00
17b. Car payments for Vehicle 2	17b. \$	0.00
17c. Other. Specify:	17c. \$	0.00
17d. Other. Specify:	17d. \$	0.00

18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).

18. \$	675.00
--------	--------

19. Other payments you make to support others who do not live with you.

\$	0.00
----	------

Specify:

19.

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. \$	0.00
20b. Real estate taxes	20b. \$	0.00
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00

21. Other: Specify:

21. +\$	0.00
---------	------

22. Calculate your monthly expenses

22a. Add lines 4 through 21.
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2
22c. Add line 22a and 22b. The result is your monthly expenses.

\$	3,748.00
\$	
\$	3,748.00

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.
23b. Copy your monthly expenses from line 22c above.

23a. \$	2,634.00
23b. -\$	3,748.00

23c. Subtract your monthly expenses from your monthly income.
The result is your monthly net income.

23c. \$	-1,114.00
---------	-----------

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1 **Paul Mark Trippe**
First Name Middle Name Last Name
Debtor 2
(Spouse if, filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**
Case number **16-02063**
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Paul Mark Trippe

Paul Mark Trippe
Signature of Debtor 1

Date

5-10-16

X

Signature of Debtor 2

Date

Fill in this information to identify your case:

Debtor 1 **Paul Mark Trippe**
First Name Middle Name Last Name
Debtor 2
(Spouse if, filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**
Case number **16-02063**
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☐ Married
☒ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☐ No
☒ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

205 Blue Sky Drive
Sunset, SC 29685

Dates Debtor 1
lived there

From-To:
2003 - 2013

Debtor 2 Prior Address:

☐ Same as Debtor 1

Dates Debtor 2
lived there

☐ Same as Debtor 1
From-To:

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and
exclusions)

\$16,313.00

☒ Wages, commissions,
bonuses, tips

☐ Operating a business

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions and
exclusions)

☐ Wages, commissions,
bonuses, tips

☐ Operating a business

From January 1 of current year until
the date you filed for bankruptcy:

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2015) <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$40,250.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, 2014) <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$35,824.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No
☒ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy: Federal and State Tax Refunds	\$1,223.00		
For last calendar year: (January 1 to December 31, 2015) Unemployment Compensation	\$478.00		
Federal and State Tax Refunds	\$1,623.00		
For the calendar year before that: (January 1 to December 31, 2014) Unemployment Compensation	\$1,611.00		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☒ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.
☒ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

- ☐ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.
During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Chrysler Capital PO Box 961275 Fort Worth, TX 76161	January, February, March 2016 \$698.00	\$2,094.00	\$28,891.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other___

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
----------------------------	------------------	-------------------	----------------------	-------------------------

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?
Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Republic Business Credit, LLC vs. Paul M. Trippe 2015-CP-23-02357	Collection	Court of Common Pleas 305 E North St Greenville, SC 29601	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Judgment			
Companion Property and Casualty Insurance Company vs. Paul M. Trippe, et al 2014-CP-23-03028	Collection	Court of Common Pleas 305 E North St Greenville, SC 29601	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Judgment			

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

Case title Case number	Nature of the case	Court or agency	Status of the case
Republic Business Credit, LLC vs. Paul M. Trippe and Trisha Vaughn 2014-1244	Collection	Civil District Court for the Parish of Orleans 421 Loyola Ave New Orleans, LA 70112	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Judgment

American Express vs. Paul M. Trippe 2014-CP-23-05698	Collection	Court of Common Pleas 305 E. North Street Greenville, SC 29601	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
---	------------	--	--

Dismissed

Independence National Bank vs. JAT, Inc., et al 2015-CP-23-05521	Collection	Court of Common Pleas 305 E. North Street Greenville, SC 29601	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
---	------------	--	---

JAT, Inc./John K. Fort, Trustee vs. Paul M. Trippe Adversary Number 15-80203	Recovery of Preference	South Carolina Bankruptcy Court 1100 Laurel Street Columbia, SC 29201	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
---	------------------------	---	--

Stayed by Bankruptcy

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

☐ No. Go to line 11.

☒ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
FIRST FEDERAL OF CHARLESTON 2440 MALL DRIVE, SUITE 100 Charleston, SC 29406	Explain what happened Deficiency regarding repossessed 275 Conquest Boston Whaler. <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	June 2014	\$75,000.00

First Citizens Bank and Trust 1314 Park Street Columbia, SC 29201	Deficiency regarding repossessed 2012 Jeep. <input checked="" type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.	January 2014	\$8,000.00
---	--	--------------	------------

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

☒ No

☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?
 Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
The Cooper Law Firm 150 Milestone Way, Ste. B Greenville, SC 29615 thecooperlawfirm@thecooperlawfirm.com	\$1665.00 attorneys fees plus \$335.00 court costs	February and April 2016	\$2,000.00
Summit Financial www.summitfe.org	\$9.95 credit counseling	4/19/2016	\$9.95

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
--------------------------------	--	---	----------------------

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
---	--	--	---------------------------

Person's relationship to you

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	------------------------------------	----------------------------------	---	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	--------------------------

Debtor 1 Paul Mark Trippe

Case number (if known) 16-02063

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☒ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☒ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☒ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☒ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed EIN: From-To
JAT, Inc. 1535 Locust Hill Road Travelers Rest, SC 29690	Highway Striping Company Batson Accounting	57-0875822 1990 - 2013

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 Paul Mark Trippe

Case number (if known) 16-02063

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Paul Mark Trippe

Paul Mark Trippe

Signature of Debtor 1

Signature of Debtor 2

Date

5-10-16

Date

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 **Paul Mark Trippe**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF SOUTH CAROLINA**

Case number **16-02063**
(if known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- ☒ creditors have claims secured by your property, or
- ☒ you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Chrysler Capital	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input type="checkbox"/> Retain the property and enter into a Reaffirmation Agreement. <input checked="" type="checkbox"/> Retain the property and [explain]: Debtor will continue making contractual payments.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 2014 Dodge Ram 65000 miles VIN 3C6UR5CJ8EG117182		

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases	Will the lease be assumed?
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Lessor's name: Description of leased Property:	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 Paul Mark Trippe

Case number (if known) 16-02063

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Lessor's name:
Description of leased
Property:

☐ No

☐ Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Paul Mark Trippe

Paul Mark Trippe
Signature of Debtor 1

X

Signature of Debtor 2

Date

5-10-16

Date

Fill in this information to identify your case:

Debtor 1 Paul Mark Trippe

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: District of South Carolina

Case number 16-02063
(if known)

Check one box only as directed in this form and in Form 122A-1Supp:

- ☒ 1. There is no presumption of abuse
- ☐ 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- ☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.
- ☐ Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.
- ☐ Not married. Fill out Column A, lines 2-11.
- ☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- ☐ Married and your spouse is NOT filing with you. You and your spouse are:
- ☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- ☐ Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ _____	\$ _____
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ _____	\$ _____
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ _____	\$ _____
5. Net income from operating a business, profession, or farm		
	Debtor 1	
Gross receipts (before all deductions)	\$ _____	
Ordinary and necessary operating expenses	-\$ _____	
Net monthly income from a business, profession, or farm	\$ _____	\$ _____
	Copy here ->	
6. Net income from rental and other real property		
	Debtor 1	
Gross receipts (before all deductions)	\$ _____	
Ordinary and necessary operating expenses	-\$ _____	
Net monthly income from rental or other real property	\$ _____	\$ _____
	Copy here ->	
7. Interest, dividends, and royalties	\$ _____	\$ _____

Debtor 1 **Paul Mark Trippe**

Case number (if known) **16-02063**

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you \$ _____ For your spouse \$ _____	\$ _____	\$ _____
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ _____	\$ _____
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. _____ _____ Total amounts from separate pages, if any.	\$ _____ \$ _____ + \$ _____	\$ _____ \$ _____ \$ _____
11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ _____	\$ _____
	Total current monthly income	

Part 2: Determine Whether the Means Test Applies to You

12. Calculate your current monthly income for the year. Follow these steps:

12a. Copy your total current monthly income from line 11 _____ **Copy line 11 here=>** \$ _____

Multiply by 12 (the number of months in a year) **x 12**

12b. The result is your annual income for this part of the form 12b. \$ _____

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. _____

Fill in the number of people in your household. _____

Fill in the median family income for your state and size of household. _____

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

13. \$ _____

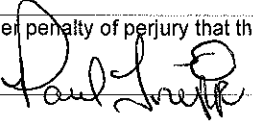
14. How do the lines compare?

14a. ☐ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Paul Mark Trippe 

Paul Mark Trippe
Signature of Debtor 1

Date 5-10-16
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Fill in this information to identify your case:

Debtor 1 Paul Mark Trippe

Debtor 2
(Spouse, if filing) _____

United States Bankruptcy Court for the: District of South Carolina

Case number 16-02063
(if known)

☐ Check if this is an amended filing

Official Form 122A - 1Supp
Statement of Exemption from Presumption of Abuse Under § 707(b)(2)

12/15

File this supplement together with *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1 Identify the Kind of Debts You Have

1. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 1).
- ☒ No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
- ☐ Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. Are you a disabled veteran (as defined in 38 U.S.C. § 3741(1))?
- ☐ No. Go to line 3.
- ☐ Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Go to line 3.
- ☐ Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.
3. Are you or have you been a Reservist or member of the National Guard?
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).
- ☐ No. Complete Form 122A-1. Do not submit this supplement.
- ☐ Yes. Check any one of the following categories that applies:
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- ☐ I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.
- ☐ I am performing a homeland defense activity for at least 90 days.
- ☐ I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later.

RCS Grading, Inc
P.O. Box 549
Reidville, SC 29375

Paul M Trippe
102 Memorial Drive
Greer, SC 29650

Employee Pay Stub		Check number: 11268		Pay Period: 01/24/2016 - 01/30/2016		Pay Date: 02/04/2016				
Employee				SSN						
Paul M Trippe, 102 Memorial Drive, Greer, SC 29650				***-**-1992						
Earnings and Hours		Qty	Rate	Current	YTD Amount	Paid Time Off		Earned	YTD Used	Available
Field Hourly		40.00	20.50	820.00	1,640.00	Sick		0.00		0.00
Field OT		18.50	30.75	568.88	830.26	Vacation		0.00		40.00
Bonus			100.00	100.00	300.00					
Storm Drain Hourly					2,460.00	Non-taxable Company Items			Current	YTD Amount
Storm Drain OT					461.26	Health - Company			50.00	200.00
		58.50		1,488.88	5,691.52					
Deductions From Gross				Current	YTD Amount					
Medical Deduction				-37.01	-148.04					
Dental Deduction				-7.66	-30.64					
				-44.67	-178.68					
Taxes				Current	YTD Amount					
Medicare Employee Addl Tax				0.00	0.00					
Federal Withholding				-191.00	-578.00					
Social Security Employee				-89.54	-342.27					
Medicare Employee				-20.94	-80.05					
SC - Withholding				-79.44	-278.16					
				-380.92	-1,278.48					
Net Pay				1,063.29	4,234.36					

RCS Grading, Inc
P.O. Box 549
Reidville, SC 29375

Paul M Trippe
102 Memorial Drive
Greer, SC 29650

Employee Pay Stub		Check number: 11329		Pay Period: 01/31/2016 - 02/06/2016		Pay Date: 02/11/2016				
Employee				SSN						
Paul M Trippe, 102 Memorial Drive, Greer, SC 29650				***-**-1992						
Earnings and Hours		Qty	Rate	Current	YTD Amount	Paid Time Off		Earned	YTD Used	Available
Storm Drain Hourly		37.00	22.00	814.00	3,274.00	Sick		0.00		0.00
Storm Drain OT		22.50	33.00	742.50	1,203.76	Vacation		0.00		40.00
Field Hourly		3.00	22.00	66.00	1,706.00	Non-taxable Company Items			Current	YTD Amount
Bonus			100.00	100.00	400.00					
Field OT					830.26	Health - Company			50.00	250.00
		62.50		1,722.50	7,414.02					
Deductions From Gross				Current	YTD Amount					
Medical Deduction				-37.01	-185.05					
Dental Deduction				-7.66	-38.30					
				-44.67	-223.35					
Taxes				Current	YTD Amount					
Medicare Employee Addl Tax				0.00	0.00					
Federal Withholding				-249.00	-827.00					
Social Security Employee				-104.03	-446.30					
Medicare Employee				-24.33	-104.38					
SC - Withholding				-95.79	-373.95					
				-473.15	-1,751.63					
Net Pay				1,204.68	5,439.04					

RCS Grading, Inc
P.O. Box 549
Reidville, SC 29375

Paul M Trippe
102 Memorial Drive
Greer, SC 29650

Employee Pay Stub		Check number: 11406		Pay Period: 02/07/2016 - 02/13/2016		Pay Date: 02/18/2016				
Employee				SSN						
Paul M Trippe, 102 Memorial Drive, Greer, SC 29650				***-**-1992						
Earnings and Hours		Qty	Rate	Current	YTD Amount	Paid Time Off		Earned	YTD Used	Available
Storm Drain Hourly		40.00	22.00	880.00	4,154.00	Sick		0.00		0.00
Storm Drain OT		25.00	33.00	825.00	2,028.76	Vacation		0.00		40.00
Bonus			100.00	100.00	500.00					
Field OT					830.26					
Field Hourly					1,706.00					
		65.00		1,805.00	9,219.02					
Deductions From Gross				Current	YTD Amount					
Medical Deduction				-37.01	-222.06					
Dental Deduction				-7.66	-45.96					
				-44.67	-268.02					
Taxes				Current	YTD Amount					
Medicare Employee Addl Tax				0.00	0.00					
Federal Withholding				-270.00	-1,097.00					
Social Security Employee				-109.14	-555.44					
Medicare Employee				-25.52	-129.90					
SC - Withholding				-101.57	-475.52					
				-506.23	-2,257.86					
Net Pay				1,254.10	6,693.14					
						Non-taxable Company Items		Current	YTD Amount	
						Health - Company		50.00	300.00	

RCS Grading, Inc
P.O. Box 549
Reidville, SC 29375

Paul M Trippe
102 Memorial Drive
Greer, SC 29650

Employee Pay Stub		Check number: 11478		Pay Period: 02/14/2016 - 02/20/2016		Pay Date: 02/25/2016				
Employee				SSN						
Paul M Trippe, 102 Memorial Drive, Greer, SC 29650				***-**-1992						
Earnings and Hours		Qty	Rate	Current	YTD Amount	Paid Time Off		Earned	YTD Used	Available
Storm Drain Hourly		40.00	22.00	880.00	5,034.00	Sick		0.00		0.00
Storm Drain OT		15.00	33.00	495.00	2,523.76	Vacation		0.00		40.00
Bonus			100.00	100.00	600.00					
Field OT					830.26					
Field Hourly					1,706.00					
		55.00		1,475.00	10,694.02					
Deductions From Gross				Current	YTD Amount					
Medical Deduction				-37.01	-259.07					
Dental Deduction				-7.66	-53.62					
				-44.67	-312.69					
Taxes				Current	YTD Amount					
Medicare Employee Addl Tax				0.00	0.00					
Federal Withholding				-188.00	-1,285.00					
Social Security Employee				-88.68	-644.12					
Medicare Employee				-20.74	-150.64					
SC - Withholding				-78.47	-553.99					
				-375.89	-2,633.75					
Net Pay				1,054.44	7,747.58					
Non-taxable Company Items						Current	YTD Amount			
Health - Company						50.00	350.00			

RCS Grading, Inc
P.O. Box 549
Reidville, SC 29375

Paul M Trippe
102 Memorial Drive
Greer, SC 29650

Employee Pay Stub		Check number: 11529			Pay Period: 02/21/2016 - 02/27/2016		Pay Date: 03/03/2016			
Employee					SSN					
Paul M Trippe, 102 Memorial Drive, Greer, SC 29650					***-**-1992					
Earnings and Hours		Qty	Rate	Current	YTD Amount	Paid Time Off		Earned	YTD Used	Available
Field Hourly		40.00	22.00	880.00	2,586.00	Sick		0.00		0.00
Field OT		5.50	33.00	181.50	1,011.76	Vacation		0.00		40.00
Bonus			100.00	100.00	700.00					
Storm Drain Hourly					5,034.00					
Storm Drain OT					2,523.76					
		45.50		1,161.50	11,855.52					
Deductions From Gross				Current	YTD Amount					
Medical Deduction				-37.01	-296.08					
Dental Deduction				-7.66	-61.28					
				-44.67	-357.36					
Taxes				Current	YTD Amount					
Medicare Employee Addl Tax				0.00	0.00					
Federal Withholding				-109.00	-1,394.00					
Social Security Employee				-69.24	-713.36					
Medicare Employee				-16.19	-166.83					
SC - Withholding				-56.52	-610.51					
				-250.95	-2,884.70					
Net Pay				865.88	8,613.46					
						Non-taxable Company Items			Current	YTD Amount
						Health - Company			50.00	400.00

RCS Grading, Inc
P.O. Box 549
Reidville, SC 29375

Paul M Trippe
102 Memorial Drive
Greer, SC 29650

Employee Pay Stub		Check number: 11591		Pay Period: 02/28/2016 - 03/05/2016		Pay Date: 03/10/2016				
Employee				SSN						
Paul M Trippe, 102 Memorial Drive, Greer, SC 29650				***-**-1992						
Earnings and Hours		Qty	Rate	Current	YTD Amount	Paid Time Off		Earned	YTD Used	Available
Storm Drain Hourly		40.00	22.00	880.00	5,914.00	Sick		0.00		0.00
Storm Drain OT		17.00	33.00	561.00	3,084.76	Vacation		0.00		40.00
Bonus			100.00	100.00	800.00					
Field OT					1,011.76					
Field Hourly					2,586.00					
		57.00		1,541.00	13,396.52					
Deductions From Gross				Current	YTD Amount					
Medical Deduction				-37.01	-333.09					
Dental Deduction				-7.66	-68.94					
				-44.67	-402.03					
Taxes				Current	YTD Amount					
Medicare Employee Addl Tax				0.00	0.00					
Federal Withholding				-204.00	-1,598.00					
Social Security Employee				-92.77	-806.13					
Medicare Employee				-21.70	-188.53					
SC - Withholding				-83.09	-693.60					
				-401.56	-3,286.26					
Net Pay				1,094.77	9,708.23					

RCS Grading, Inc
P.O. Box 549
Reidville, SC 29375

Paul M Trippe
102 Memorial Drive
Greer, SC 29650

Employee Pay Stub

Check number: 11670

Pay Period: 03/06/2016 - 03/12/2016

Pay Date: 03/17/2016

Employee

SSN

Paul M Trippe, 102 Memorial Drive, Greer, SC 29650

***-**-1992

Earnings and Hours	Qty	Rate	Current	YTD Amount
Storm Drain Hourly	40.00	22.00	880.00	6,794.00
Storm Drain OT	20.00	33.00	660.00	3,744.76
Bonus		100.00	100.00	900.00
Field OT				1,011.76
Field Hourly				2,586.00
	60.00		1,640.00	15,036.52

Deductions From Gross	Current	YTD Amount
Medical Deduction	-37.01	-370.10
Dental Deduction	-7.66	-76.60
	-44.67	-446.70

Taxes	Current	YTD Amount
Medicare Employee Addl Tax	0.00	0.00
Federal Withholding	-229.00	-1,827.00
Social Security Employee	-98.91	-905.04
Medicare Employee	-23.13	-211.66
SC - Withholding	-90.02	-783.62
	-441.06	-3,727.32

Net Pay **1,154.27** **10,862.50**

Paid Time Off	Earned	YTD Used	Available
Sick	0.00		0.00
Vacation	0.00		40.00

Non-taxable Company Items	Current	YTD Amount
Health - Company	50.00	500.00

RCS Grading, Inc
P.O. Box 549
Reidville, SC 29375

Paul M Trippe
102 Memorial Drive
Greer, SC 29650

Employee Pay Stub

Check number: 11715

Pay Period: 03/13/2016 - 03/19/2016

Pay Date: 03/24/2016

Employee

SSN

Paul M Trippe, 102 Memorial Drive, Greer, SC 29650

***-**-1992

Earnings and Hours	Qty	Rate	Current	YTD Amount
Storm Drain Hourly	30.00	22.00	660.00	7,454.00
Field Hourly	10.00	22.00	220.00	2,806.00
Storm Drain OT	12.00	33.00	396.00	4,140.76
Field OT				1,011.76
Bonus				900.00
	52.00		1,276.00	16,312.52

Deductions From Gross	Current	YTD Amount
Medical Deduction	-37.01	-407.11
Dental Deduction	-7.66	-84.26
	-44.67	-491.37

Taxes	Current	YTD Amount
Medicare Employee Adtl Tax	0.00	0.00
Federal Withholding	-138.00	-1,965.00
Social Security Employee	-76.35	-981.39
Medicare Employee	-17.86	-229.52
SC - Withholding	-64.54	-848.16
	-296.75	-4,024.07

Net Pay **934.58** **11,797.08**

Paid Time Off	Earned	YTD Used	Available
Sick	0.00		0.00
Vacation	0.00		40.00

Non-taxable Company Items	Current	YTD Amount
Health - Company	50.00	550.00

RCS Grading, Inc
P.O. Box 549
Reidville, SC 29375

Paul M Trippe
102 Memorial Drive
Greer, SC 29650

VOID:

Employee Pay Stub		Check number: 11775		Pay Period: 03/20/2016 - 03/26/2016		Pay Date: 03/31/2016				
Employee				SSN						
Paul M Trippe, 102 Memorial Drive, Greer, SC 29650				***-**-1992						
Earnings and Hours		Qty	Rate	Current	YTD Amount	Paid Time Off		Earned	YTD Used	Available
Field OT					1,011.76	Sick		0.00		0.00
Field Hourly					2,806.00	Vacation		0.00		40.00
Bonus					900.00	Non-taxable Company Items			Current	YTD Amount
Storm Drain Hourly					7,454.00	Health - Company				550.00
Storm Drain OT					4,140.76	Memo				
		0.00			16,312.52	VOID:				
Deductions From Gross				Current	YTD Amount					
Medical Deduction					-407.11					
Dental Deduction					-84.26					
					-491.37					
Taxes				Current	YTD Amount					
Medicare Employee Addl Tax				0.00	0.00					
Federal Withholding				0.00	-1,965.00					
Social Security Employee				0.00	-981.39					
Medicare Employee				0.00	-229.52					
SC - Withholding				0.00	-848.16					
				0.00	-4,024.07					
Net Pay				0.00	11,797.08					

Memo
VOID:

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
District of South Carolina

In re Paul Mark Trippe

Debtor(s)

Case No. 16-02063

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>5,000.00</u>
Prior to the filing of this statement I have received	\$	<u>1,665.00</u>
Balance Due	\$	<u>3,335.00</u>

2. \$ 335.00 of the filing fee has been paid.
3. The source of the compensation paid to me was:
- ☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
- ☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]
- Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
- Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions, preparation and filing of reaffirmation agreements and applications as needed or any other adversary proceeding.**

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Date

5-10-16

/s/ Robert H. Cooper

Robert H. Cooper #5670

Signature of Attorney

The Cooper Law Firm

150 Milestone Way, Ste. B

Greenville, SC 29615

864-271-9911 Fax: 864-232-5236

thecooperlawfirm@thecooperlawfirm.com

Name of law firm